

Mississippi

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State CARE Act Program Profile

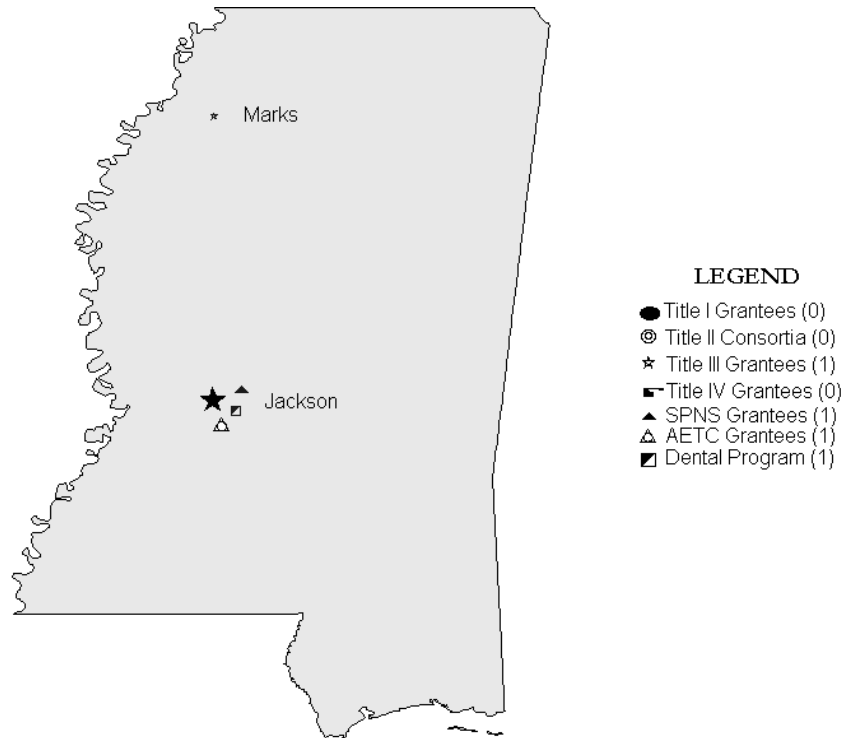
CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$0	\$0	\$0	\$0
Title II (including ADAP)	\$1,868,450	\$2,760,714	\$3,623,766	\$8,252,930
ADAP	(\$272,445)	(\$880,749)	(\$1,606,704)	(\$2,759,898)
Title III	\$0	\$150,000	\$122,225	\$272,225
Title IV	\$0	\$0	\$0	\$0
SPNS	\$272,307	\$327,840	\$558,517	\$1,158,664
AETC	\$65,136	\$100,000	\$100,000	\$265,136
Dental	\$20,945	\$15,320	\$10,143	\$46,408
Total	\$2,226,838	\$3,353,874	\$4,414,651	\$9,995,363

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

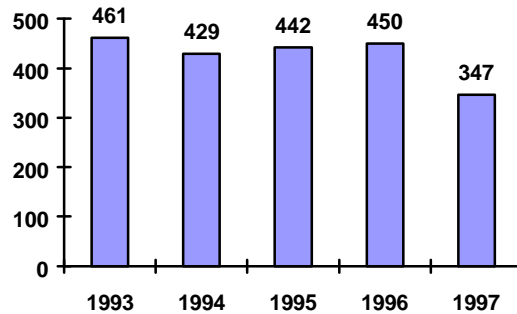
	1996	1997	1998
Title I	0	0	0
Title III	0	2	1
Title IV	0	0	0
SPNS	1	1	1
AETC (grantee or subcontractor)	1	1	1
Dental	1	1	1

Location of FY 1998 CARE Act Grantees and Title II Consortia



HIV/AIDS Epidemic in the State: Mississippi (Pop. 2,730,501)

- ▶ Persons reported to be living with AIDS through 1997: 1,344
- ▶ New AIDS Cases by Calendar Year, 1993-1997
- ▶ Persons reported to be living with HIV infection (not AIDS) through 1997: 3,563
- ▶ State reporting requirement for HIV: Name-based reporting for HIV (initiated August 1988)
- ▶ State AIDS Cases (cumulative) since 1993: 2,129 (1% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	74%	78%
Women (13 years and up):	26%	22%

	State-Specific Data	National Data
<13 years old :	2%	1%
13-19 years old :	2%	1%
20+ years old :	96%	98%

	State-Specific Data	National Data
White:	21%	33%
African American:	76%	45%
Hispanic:	1%	21%
Asian/Pacific Islander:	0%	<1%
Native American/Alaskan Native:	0%	<1%
Other, unknown or not reported:	1%	0%

	State-Specific Data	National Data
Men who have sex with men (MSM):	33%	35%
Injecting drug user (IDU):	6%	24%
Men who have sex with men and inject drugs (MSM/IDU):	6%	4%
Heterosexual contact:	24%	13%
Other, unknown or not reported:	31%	24%

Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	83%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	17%	8%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	161.3	194.5
Gonorrhea (1996)	250.0	124.0
Syphilis (1996)	30.4	4.3
TB (1997)	9.0	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- **Gaps:** primary care; dental care; access to medications; integrated service delivery; increased support services; secondary prevention programs; and employment services

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	185% FPL

*Income eligibility for State's ADAP program is 200% FPL.

Medicaid Prescription Drug Benefits Limits

Co-payment:	Yes
Limit on Rx per month:	Yes
Refill limit:	Yes
Quantity Limit:	Yes

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: No

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

1915(b) waiver(s): Yes

Title II: Mississippi

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$1,868,450	\$2,760,714	\$3,623,766	\$8,252,930
ADAP (included in Title II grant)	(\$272,445)	(\$880,749)	(\$1,606,704)	(\$2,759,898)
Minimum Required State Match	\$0	\$0	\$0	\$0

Allocation of Funds

	1998
Health Care (State Administered)	\$3,381,716/93%
Home and Community Care	(\$442,392)
Health Insurance Continuation	(\$0)
ADAP/Treatments	(\$2,839,324)
Direct Services	(\$100,000)
Case Management (State Administered)	\$0/0%
Consortia	\$0/0%
Health Care*	(\$0)
ADAP/Treatment	(\$0)
Case Management	(\$0)
Support Services**	(\$0)
Administration, Planning and Evaluation (Total State/Consortia)	\$242,050/7%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Accomplishments

Clients Served (duplicated count), FY 1996:	100
Men:	80%
Women:	20%

<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%

White:	40%
African American:	60%
Hispanic:	0%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

► Improved Patient Access

- Between 1991 and 1995, the number of persons accessing HIV/AIDS treatment through ADAP increased approximately 350%, from 175 to about 800 enrolled clients. With the introduction of new and expensive combination treatment, using protease inhibitors, in mid to late 1996, the ADAP ran out of funds and drastically reduced the number of clients to approximately 180 at the start of 1997. Increased Federal funding and an emergency State appropriation resulted in reinstatement of 480 clients within six to eight months and a total of 608 clients served during 1997.
- The ADAP formulary was expanded to include new protease inhibitors in 1997 for a total of 18 Medications.
- The grantee initiated CD4 testing for low-income and uninsured clients in 1997, with 167 persons served through the end of the third quarter.

► Cost Savings

- The ADAP began participating in the Office of Drug Pricing's discount drug purchasing program in 1997, with substantial cost savings.

► **Other Accomplishments**

- The grantee reported expansion of coordination efforts across all CARE Act-funded and HIV-related State programs in 1997, resulting in joint program planning and implementation activities.
- The Mississippi HIV/AIDS Care and Services Planning Council provides peer review and program recommendations for the ADAP. Committee members include all CARE Act grantees, consumers, and representatives from many statewide agencies and communities, including the Veteran's Administration, the University of Mississippi Medical Center's Infectious Diseases Clinic and Dental School, the Jackson-Hinds Comprehensive Health Center, the MSDH Pharmacy, the Coastal Family Health Center, the Episcopal AIDS Commission, the Phoenix Coalition, Mississippi Baptist Medical Center, the Delta Region AETC, the Division of Medicaid, Project ACCESS, and the Mississippi Psychological Association.
- The State Legislature conducted hearings in 1997 to discuss a potential State appropriation for the program and/or the benefits of applying for a Medicaid waiver to expand coverage to the State's HIV population.

AIDS Drug Assistance Program (ADAP): Mississippi

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$1,236,834	\$2,040,326	\$2,849,324	\$6,126,484
State Funds	\$0	\$400,000	\$750,000	\$1,150,000
Other	\$0	\$820,000	\$0	\$820,000
Total	\$1,236,834	\$3,260,326	\$3,599,324	\$8,096,484

Program

- ▶ Administrative Agency: Dept. of Health
- ▶ Formulary: 23 drugs, 5 protease inhibitors, 9 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: Yes
- ▶ Financial Eligibility
 - ▶ Asset Limit: No
 - ▶ Annual Income Cap: No
- ▶ Co-payment: No
- ▶ PLWH involvement in advisory capacity: The Mississippi HIV/AIDS Care and Services Planning Council, which is part of the advisory process for the ADAP, includes PLWH.
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: 178

Clients Served

Clients enrolled, 10/98:	236
Number using ADAP each month:	217
Percent of clients on protease inhibitors:	80%
Percent of active clients below 200% FPL:	100%

Client Profile, FY 1996

Men:	73%
Women:	27%

<13 years old:	1%
13-19 years old:	1%
20+ years old:	97%

White:	32%
African American:	68%
Hispanic:	0%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

Title III: Mississippi

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	0	2	1	
Total Title III funding in State	\$0	\$150,000	\$122,225	\$272,225

Accomplishments

► Improved Patient Access

- Prior to receiving Title III funds, the DePorres Health Centers found it necessary to stop enrolling additional HIV-infected clients due to lack of funds. Since receiving Title III funds, the client population has increased to 126 clients as of August 1998, and the total number served continues to grow. Additional services such as eye exams, dental services, gynecologic care, and medications are now available.
- Due to the limited number of physicians treating HIV-infected clients, clients come from eleven different counties in north Mississippi to receive services. The participating physicians comprise 3.2% of primary care physicians available in the service area, yet provide early intervention services to 60% of the area's HIV-infected population.

► Cost Savings

- In 1997, the State ADAP limited the number of new clients participating in the drug assistance program. Through relationships established with pharmaceutical companies, the DePorres Health Centers have been successful in enrolling HIV-infected clients in indigent access programs.

Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Deporres Delta Ministries	Marks	11 Counties	Non-329/330/340 Health Center

Planning Grants

1997 - Coastal Family Health Center - Biloxi

Special Programs of National Significance (SPNS): Mississippi

The goal of the SPNS program is to advance knowledge about the care and treatment of persons living with HIV/AIDS by providing time-limited grants to assess models for delivering health and support services. From FY 1991 to FY 1998, \$119.9 million in funding was dedicated for SPNS programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of programs funded	1	1	1	
Total SPNS Funding in State	\$272,307	\$327,840	\$558,517	\$1,158,664

Project Descriptions

► University of Mississippi Medical Center

Location: Jackson

Project period: 10/94 - 9/99

Population Served: Physicians, nurse practitioners, and dentists

Description of Services: The project addresses the shortage of practitioners who are willing and able to deliver high-quality primary care to impoverished HIV-positive persons in the predominantly rural state of Mississippi. The major goal is to improve early intervention and care to rural patients living with HIV by increasing the number of primary care practitioners, including dentists, in community health centers around the state. The project also seeks to establish an HIV educational network for primary care practitioners, and to enhance communication and cooperation among primary care providers and infectious disease subspecialists in Jackson. One of the most innovative aspects of the project is the use of computer technology to provide HIV “telehealth” demonstrations, training, and education. Community health centers are furnished with the necessary computer equipment and technical competency training is provided so that the centers can access on-line HIV information and other resources, participate in video conferencing, track client referral statewide, and enhance communication and cooperation between facilities and practitioners.

Project Highlights

- The project successfully established an on-line, statewide educational network connecting primary care practitioners at 10 community health centers in the highest seroprevalence areas.
- Training was provided to 72 providers in eight community health centers to enhance practitioner skills and improve communication and cooperation between health centers.
- On-site technical competency training was provided for 12 community health center personnel to ensure efficient use of computer resources.

- A successful tracking system was established to track HIV patient referral patterns between the community health centers and the University Medical Center.
- The project is currently piloting their first on-line, self-study continuing education module. The project also plans to sponsor the first university-based web course.

AIDS Education and Training Centers: Mississippi

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Delta Region AETC
- ▶ States Served: Arkansas, Louisiana, Mississippi
- ▶ Primary Grantee: Louisiana State University School of Medicine, New Orleans, LA
- ▶ Subcontractors in State: Univ. of MS Medical Center - Jackson

Funding History

Year	1996	1997	1998	Total
Total AETC				
Funding for State	\$65,136	\$100,000	\$100,000	\$265,136

Training Highlights from FY 1997

- Two programs designed to inform HIV-infected individuals and the care providers were conducted in 1997. Empowerment 97, a one-day workshop co-sponsored with the FDA and an AIDS service organization, provided information to HIV-infected individuals and care providers on available treatment options and how to make informed decisions about HIV management. A town meeting, titled "Treatment in the Age of Protease Inhibitors: Successes, Failures, Options," was co-sponsored by the Delta AETC, Merck Pharmaceuticals, the Tulane-LSU Adult Clinical Trials Unit, and AIDS service providers. The program provided HIV-infected individuals and care providers an opportunity to learn about the latest research and how to promote adherence to therapy. Topics presented included: "Antiretroviral Drugs: What Are They and How do They Work;" "Building the Ideal HIV Treatment Regimen for your Client;" and "Future Answers for Patients: Clinical Trials."
- "Circle of Healing: Linking Our Experiences," a conference coordinated by the Mississippi performance site, was held in October 1997. The 3.5-day conference brought together agencies from five states (Mississippi, Alabama, Arkansas, Louisiana and Tennessee) to share experiences and perspectives and provide new information. Program topics included: HIV/STD risk assessment; oral health; occupational transmission; women and HIV disease; and models for delivery of primary care.

- The Delta AETC Clearinghouse Library has developed a comprehensive collection of HIV/AIDS-related resources and a range of information services for faculty and health care providers in the region. The clearinghouse provides access to videotapes, publications and journals, curriculum manuals, slide sets, and directories. Topics covered by these resources include: HIV/AIDS epidemiology, perinatal transmission, drug dosage and administration, clinical trial results, women and HIV, nursing interventions, clinical manifestations/symptoms, sexually transmitted diseases and cultural competence.
- The Louisiana HIV/AIDS Service Provider Directory, with information on over 400 agencies, is available to providers as an on-line searchable database through the AETC's Clearinghouse Library.

HIV/AIDS Dental Reimbursement Program: Mississippi

The CARE Act HIV/AIDS Dental Reimbursement Program reimburses eligible dental schools and postdoctoral dental education programs for the reported, uncompensated costs of providing oral health care to PLWH. From FY 1996 (when the program was first funded by the CARE Act) to FY 1998, \$22.2 million in funding was provided for programs in the U.S.

Funding History

Year	1996	1997	1998	Total
Number of Programs Funded in State	1	1	1	
Total HIV/AIDS Dental Reimbursement Program Funding in State	\$20,945	\$15,320	\$10,143	\$46,408

Accomplishments

Est. clients served, 1996:	239
Men:	33%
Women:	67%
<13 years old:	0%
13-19 years old:	16%
20+ years old:	84%

HIV/AIDS Dental Reimbursement Program Grantees, FY 1998

Grantee Name	Location
University of Mississippi	Jackson